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FEC FORM 3L REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/F

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SECRETARY OF THE SENATE PUBLIC PECORDS

LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT NAME OF **USE FEC MAILING** Example: if typing, type COMMITTEE (in full) OR TYPE OR PRINT 12FE4M5 over the lines. **Deborah Ross for Senate** ADDRESS (number and street) P.O. Box 28258 Check if different Raleigh Than previously NC 27611 reported (ACC) CITY STATE ZIP CODE DISTRICT STATE **FEC IDENTIFICATION NUMBER** ☑_(N) □<u>^</u>(A) **AMENDED** IS THIS OR NC 00 C00589820 REPORT For Candidates Only TYPE OF REPORT 5. Nov 20 (M11) (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year only) (Choose One) Report Due On: Dec 20 (M12) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year only) April 15 Jul 20 (M7) and/or Jan 31 (YE) and/or Semi-annual Report Oct 20 (M10) Quarterly Report (Q1) Apr 20 (M4) Semi-annual Report July 15 Quarterly Report (Q2) (c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election and/or Semi-annual Report This report also covers Report for the: the semi-annual period October 15 Special (12S) Convention (12C) Quarterly Report (Q3) in the See Line 6(b) January 31 Election on State of Year End Report (YE) and/or Semi-annual Report (d) 30-Day POST-Election General (30G) Runoff (30R) This report also covers Special (30S) July 31 Mid-Year Report the semi-annual period Report for the: (Non-election Year -Party/PAC) (MY) and/or in the NC Election on 80 11 2016 Semi-annual Report State of See Line 6(b) Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period ☐January 1 - June 30 This report covers 10 20 2016 2016 and/or through 28 11 July 1 - December 31 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period 7. Total Reportable Bundled Contributions by 42395.49 Lobbyists/Registrants or Lobbyist/Registrant PACs I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Assistant Susan Jackson eiter, Jeffrey. Type or Print Name of Treasurer tsistant Signature of Treasurer Leiter Jeffrey NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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